

COMMANDER, NAVY REGION, SOUTHWEST SAFETY TRAINING ROSTER

COURSE TITLE:

COURSE DATE: _____

COURSE LENGTH:

INSTRUCTOR: _____

COURSE DESCRIPTION:

TRAINING SITE: _____

PLEASE PRINT NAME: LAST, FIRST		SSN#	UIC	COMMAND#	CODE #	JOB TITLE	CIV.:SERIES/GRADE MIL.:RATE/RANK	SUPERVISOR		TELEPHONE NUMBER
1.								YES	NO	
2.										
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PRIVACY ACT STATEMENT: (Authority) The Government Employees Act of 1958 (U.S. Code 4118) EFFECTS OF NONDISCLOSURE: Personal information on this form is given on a voluntary basis. Failure to provide this information, however, may prevent you from receiving credit for this course. INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b) DISCLOSURE by you of your social security number (SSN) is mandatory to be credited with the training you are receiving. Solicitation of the SSN by the Office of Personnel Management authorized under provisions of E.O. 9397, dated 11/23/43. The SSN is used as an identifier to match the person completing the training to the correct personnel records. It will be used primarily to give recognition for completing the training.